

837 Health Care Claim: Dental

ASC X12N 837 (0040104097A1)

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

Publication Date:

July 10, 2006

Effective Date:

October 16, 2003

Nebraska Medicaid Companion Guide Version: 1.02

Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

All claims must be submitted in accordance with the regulations contained within the Nebraska Administrative Code (NAC) Title 471, Nebraska Medical Assistance Program.

Introduction:

This Companion Guide contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit dental claim billing information from providers of dental services to Nebraska Medicaid, either directly or via intermediary billers and claims clearinghouses.

This Companion Guide governs electronic billing of dental services on an ASC X12N 837 - Dental (004010X097A1) transaction. Please refer to 471 NAC 3-001 for the specific services allowed to be billed using this transaction.

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

1. Required Segments – No directive.
2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive – "Required by NE Medicaid when applicable as specified in the Implementation Guide".
3. Situational segments always required by NE Medicaid will be accompanied by the following directive – "Required by NE Medicaid".
4. Situational segments required by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive – "Required by NE Medicaid when {specific instance}".

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

1. When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value to use.
2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used and when they are allowed will be included.
3. When a specific qualifier is not allowed by NE Medicaid, a Nebraska Medicaid Directive indicating not allowed will be included.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 997 will be used to convey the rejection and associated reason. Claims containing data designated as "Not Allowed" or failing to include the specific values required will be accepted by NE Medicaid but the claim will be deleted by the adjudication system. The Electronic Claim Activity report will be used to convey the claims deleted and the associated reasons. Segments designated as "Not Used" will not affect adjudication.

Data Submission Criteria

Nebraska Medicaid uses the following separators:

*	(asterisk) for element separator	ASCII 042
^	(carrot) for sub-element separator	ASCII 094
~	(tilde) for Segment terminator	ASCII 126
	(vertical bar) for repeat character	ASCII 124

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at <http://www.hhs.state.ne.us/med/medindex.htm>

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357, option 1, or 471-9461 (Lincoln Area) or via e-mail at medicaid.edi@hhs.state.ne.us.

Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

Changes in Version 1.02:

- Page 3 – Revision: Introduction – Data Submission Criteria has been changed to add a separator of “~ (tilde) for Segment terminator ASCII 126” and to remove “Carriage Return for Segment terminator ASCII 013”.
- Page 25 – Revision: Loop – 2010AA – NM108 – Billing Provider Identification Code Qualifier, removed Nebraska Medicaid Directive statement ‘Use “24” or “34” only’.
- Page 25 – Revision: Loop – 2010AA – NM108 – Billing Provider Identification Code Qualifier, added qualifier code “XX” Health Care Financing Administration National Provider Identifier.
- Page 28 – Revision: Loop – 2010AA – REF – Billing Provider Secondary Identification, added Nebraska Medicaid Directive statement “Nebraska Medicaid requires use of code 1D and the 11-digit NE Medicaid assigned provider number. If Billing Provider NPI is sent in NM109, Nebraska Medicaid requires an additional REF segment using either Employer Identification Number (EI) or Social Security Number (SY).”
- Page 28 – Revision: Loop -2010AA – REF01 – Billing Provider Secondary Identification, removed Nebraska Medicaid Directive Statement “Use code “1D” and the 11-digit NE Medicaid assigned provider number.”
- Page 28 – Revision: Loop – 2010AA – REF01 – Billing Provider Secondary Identification Qualifier, added Nebraska Medicaid Directive statement “Nebraska Medicaid requires use of code 1D and the 11-digit NE Medicaid assigned provider number. If Billing Provider NPI is sent in NM109, Nebraska Medicaid requires an additional REF segment using either Employer Identification Number (EI) or Social Security Number (SY).”
- Page 28 – Revision: Loop – 2010AA – REF – Billing Provider Secondary Reference Identification Qualifier, added qualifier codes ‘EI’ Employer’s Identification Number and ‘SY’ Social Security Number.
- Page 48 – Revision: Loop -2310B – NM108 – Nebraska Medicaid Directive changed to, “If *using code “34” report SSN as a 9-digit all numeric value (no dashes or hyphens).*”
- Page 48 – Revision: Loop – 2310B – NM108 – Rendering Provider Identification Code Qualifier added ‘XX’ Health Care Financing Administration National Provider Identifier.
- Page 49 – Revision: Loop – 2310B – REF – Rendering Provider Secondary Identification, added Nebraska Medicaid Directive “Nebraska Medicaid requires use 0B and State License Number. If Rendering Provider NPI is sent in NM109, Nebraska Medicaid requires an additional REF segment using Social Security Number (SY).”
- Page 49- Revision: Loop – 2310B – REF01 – Rendering Provider Secondary Reference Identification Qualifier, removed Nebraska Medicaid Directive “ Use code “0B” only”.
- Page 49 – Revision: Loop – 2310B – REF01 – Rendering Provider Secondary Reference Identification Qualifier, added Nebraska Medicaid Directive “Nebraska Medicaid requires use of 0B and the State License Number. If Rendering Provider NPI is sent in NM109, Nebraska Medicaid requires an additional REF Social Security Number (SY).”
- Page 49 – Revision: Loop – 2310B – REF01 – Rendering Provider Secondary Reference Identification Qualifier, added qualifier code ‘SY’ Social Security Number.

837**Health Care Claim: Dental****Functional Group=HC**

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

Transaction Summary:

If "NE Medicaid Usage" says:	Required	Required by Implementation Guide.
	Used	Used by NE Medicaid, see specific requirements in Implementation Guide or in NE Medicaid Directive.
	Not Used	Not used or retained.

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	ISA	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
005	ST	Transaction Set Header	1		Required
010	BHT	Beginning of Hierarchical Transaction	1		Required
015	REF	Transmission Type Identification	1		Required

LOOP ID - 1000A				1	
020	NM1	Submitter Name	1		Required
045	PER	Submitter Contact Information	2		Required

LOOP ID - 1000B				1	
020	NM1	Receiver Name	1		Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
LOOP ID - 2000A				≥1	
001	HL	Billing/Pay-to Provider Hierarchical Level	1		Required
* 003	PRV	Billing/Pay-to Provider Specialty Information	1		Not Used
* 010	CUR	Foreign Currency Information	1		Not Used
LOOP ID - 2010AA				1	
015	NM1	Billing Provider Name	1		Required
* 020	N2	Additional Billing Provider Name Information	1		Not Used
025	N3	Billing Provider Address	1		Required
030	N4	Billing Provider City/State/ZIP Code	1		Required
035	REF	Billing Provider Secondary Identification Number	5		Used
* 035	REF	Claim Submitter Credit/Debit	8		Not Used

Card Information

LOOP ID - 2010AB					1
* 015	NM1	Pay-to Provider's Name	1		Not Used
* 020	N2	Additional Pay-to Provider Name Information	1		Not Used
* 025	N3	Pay-to Provider's Address	1		Not Used
* 030	N4	Pay-to Provider City/State/Zip	1		Not Used
* 035	REF	Pay-to Provider Secondary Identification Number	5		Not Used
LOOP ID - 2000B					≥1
001	HL	Subscriber Hierarchical Level	1		Required
005	SBR	Subscriber Information	1		Required
LOOP ID - 2010BA					1
015	NM1	Subscriber Name	1		Required
025	N3	Subscriber Address	1		Used
030	N4	Subscriber City/State/ZIP Code	1		Used
032	DMG	Subscriber Demographic Information	1		Used
* 035	REF	Subscriber Secondary Identification	4		Not Used
* 035	REF	Property and Casualty Claim Number	1		Not Used
LOOP ID - 2010BB					1
015	NM1	Payer Name	1		Required
* 025	N3	Payer Address	1		Not Used
* 030	N4	Payer City/State/ZIP Code	1		Not Used
* 035	REF	Payer Secondary Identification Number	3		Not Used
LOOP ID - 2010BC					1
* 015	NM1	Credit/Debit Card Holder Name	1		Not Used
* 035	REF	Credit/Debit Card Information	3		Not Used
LOOP ID - 2300					100
130	CLM	Claim Information	1		Required
* 135	DTP	Date - Admission	1		Not Used
* 135	DTP	Date - Discharge	1		Not Used
* 135	DTP	Date - Referral	1		Not Used
135	DTP	Date - Accident	1		Used
135	DTP	Date - Appliance Placement	5		Used
135	DTP	Date - Service	1		Used
* 145	DN1	Orthodontic Total Months of Treatment	1		Not Used
150	DN2	Tooth Status	35		Used
155	PWK	Claim Supplemental Information	10		Used
175	AMT	Patient Amount Paid	1		Used
* 175	AMT	Credit/Debit Card - Maximum Amount	1		Not Used
* 180	REF	Predetermination Identification	5		Not Used
180	REF	Service Authorization Exception Code	1		Used
180	REF	Original Reference Number (ICN/DCN)	1		Used
* 180	REF	Prior Authorization or Referral Number	2		Not Used
* 180	REF	Claim Identification Number for	1		Not Used

190	NTE	Clearinghouses and Other Transmission Intermediaries Claim Note	20	Used
LOOP ID - 2310A			<u>2</u>	
* 250	NM1	Referring Provider Name	1	Not Used
* 255	PRV	Referring Provider Specialty Information	1	Not Used
* 271	REF	Referring Provider Secondary Identification	5	Not Used
LOOP ID - 2310B			<u>1</u>	
250	NM1	Rendering Provider Name	1	Used
* 255	PRV	Rendering Provider Specialty Information	1	Not Used
271	REF	Rendering Provider Secondary Identification	5	Used
LOOP ID - 2310C			<u>1</u>	
250	NM1	Service Facility Location	1	Used
* 271	REF	Service Facility Location Secondary Identification	5	Not Used
LOOP ID - 2310D			<u>1</u>	
* 250	NM1	Assistant Surgeon Name	1	Not Used
* 255	PRV	Assistant Surgeon Specialty Information	1	Not Used
* 271	REF	Assistant Surgeon Secondary Identification	1	Not Used
LOOP ID - 2320			<u>10</u>	
290	SBR	Other Subscriber Information	1	Used
295	CAS	Claim Adjustment	5	Used
300	AMT	Coordination of Benefits (COB) Payer Paid Amount	1	Used
300	AMT	Coordination of Benefits (COB) Approved Amount	1	Used
300	AMT	Coordination of Benefits (COB) Allowed Amount	1	Used
300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	1	Used
300	AMT	Coordination of Benefits (COB) Covered Amount	1	Used
300	AMT	Coordination of Benefits (COB) Discount Amount	1	Used
300	AMT	Coordination of Benefits (COB) Patient Paid Amount	1	Used
305	DMG	Other Insured Demographic Information	1	Used
310	OI	Other Insurance Coverage Information	1	Required
LOOP ID - 2330A			<u>1</u>	
325	NM1	Other Subscriber Name	1	Required
332	N3	Other Subscriber Address	1	Used
340	N4	Other Subscriber City/State/Zip Code	1	Used
355	REF	Other Subscriber Secondary Identification	3	Used
LOOP ID - 2330B			<u>1</u>	
325	NM1	Other Payer Name	1	Required

345	PER	Other Payer Contact Information	2	Used
350	DTP	Claim Paid Date	1	Used
355	REF	Other Payer Secondary Identifier	3	Used
* 355	REF	Other Payer Prior Authorization or Referral Number	2	Not Used
355	REF	Other Payer Claim Adjustment Indicator	1	Used
LOOP ID - 2330C			1	
325	NM1	Other Payer Patient Information	1	Used
355	REF	Other Payer Patient Identification	3	Used
LOOP ID - 2330D			1	
* 325	NM1	Other Payer Referring Provider	1	Not Used
* 355	REF	Other Payer Referring Provider Identification	3	Not Used
LOOP ID - 2330E			1	
* 325	NM1	Other Payer Rendering Provider	1	Not Used
* 355	REF	Other Payer Rendering Provider Identification	3	Not Used
LOOP ID - 2400			50	
365	LX	Line Counter	1	Required
380	SV3	Dental Service	1	Required
382	TOO	Tooth Information	32	Used
455	DTP	Date - Service	1	Used
455	DTP	Date - Prior Placement	1	Used
455	DTP	Date - Appliance Placement	1	Used
* 455	DTP	Date - Replacement	1	Not Used
* 460	QTY	Anesthesia Quantity	5	Not Used
* 470	REF	Service Predetermination Identification	1	Not Used
* 470	REF	Prior Authorization or Referral Number	2	Not Used
470	REF	Line Item Control Number	1	Used
* 475	AMT	Approved Amount	1	Not Used
* 475	AMT	Sales Tax Amount	1	Not Used
485	NTE	Line Note	10	Used
LOOP ID - 2420A			1	
* 500	NM1	Rendering Provider Name	1	Not Used
* 505	PRV	Rendering Provider Specialty Information	1	Not Used
* 525	REF	Rendering Provider Secondary Identification	5	Not Used
LOOP ID - 2420B			1	
* 500	NM1	Other Payer Prior Authorization or Referral Number	1	Not Used
* 525	REF	Other Payer Prior Authorization or Referral Number	2	Not Used
LOOP ID - 2420C			1	
* 500	NM1	Assistant Surgeon Name	1	Not Used
* 505	PRV	Assistant Surgeon Specialty Information	1	Not Used
* 525	REF	Assistant Surgeon Secondary Identification	1	Not Used
LOOP ID - 2430			25	

540	SVD	Line Adjudication Information	1	Used	
545	CAS	Service Adjustment	99	Used	
550	DTP	Line Adjudication Date	1	Required	

Detail:

Pos	Id	Segment Name	Max Use	Repeat	NE Medicaid Usage
* LOOP ID - 2000C				≥1	
001	HL	Patient Hierarchical Level	1		Used
007	PAT	Patient Information	1		Required
LOOP ID - 2010CA				1	
015	NM1	Patient Name	1		Required
025	N3	Patient Address	1		Required
030	N4	Patient City/State/ZIP Code	1		Required
032	DMG	Patient Demographic Information	1		Required
035	REF	Patient Secondary Identification	5		Used
035	REF	Property and Casualty Claim Number	1		Used
LOOP ID - 2300				100	
130	CLM	Claim Information	1		Required
135	DTP	Date - Admission	1		Used
135	DTP	Date - Discharge	1		Used
135	DTP	Date - Referral	1		Used
135	DTP	Date - Accident	1		Used
135	DTP	Date - Appliance Placement	5		Used
135	DTP	Date - Service	1		Used
145	DN1	Orthodontic Total Months of Treatment	1		Used
150	DN2	Tooth Status	35		Used
155	PWK	Claim Supplemental Information	10		Used
175	AMT	Patient Amount Paid	1		Used
175	AMT	Credit/Debit Card - Maximum Amount	1		Used
180	REF	Predetermination Identification	5		Used
180	REF	Service Authorization Exception Code	1		Used
180	REF	Original Reference Number (ICN/DCN)	1		Used
180	REF	Prior Authorization or Referral Number	2		Used
180	REF	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	1		Used
190	NTE	Claim Note	20		Used
LOOP ID - 2310A				2	
250	NM1	Referring Provider Name	1		Used
255	PRV	Referring Provider Specialty Information	1		Used
271	REF	Referring Provider Secondary Identification	5		Used
LOOP ID - 2310B				1	
250	NM1	Rendering Provider Name	1		Used
255	PRV	Rendering Provider Specialty Information	1		Used
271	REF	Rendering Provider Secondary Identification	5		Used

LOOP ID - 2310C				<u>1</u>	
250	NM1	Service Facility Location	1		Used
271	REF	Service Facility Location Secondary Identification	5		Used
LOOP ID - 2310D				<u>1</u>	
250	NM1	Assistant Surgeon Name	1		Used
255	PRV	Assistant Surgeon Specialty Information	1		Used
271	REF	Assistant Surgeon Secondary Identification	1		Used
LOOP ID - 2320				<u>10</u>	
290	SBR	Other Subscriber Information	1		Used
295	CAS	Claim Adjustment	5		Used
300	AMT	Coordination of Benefits (COB) Payer Paid Amount	1		Used
300	AMT	Coordination of Benefits (COB) Approved Amount	1		Used
300	AMT	Coordination of Benefits (COB) Allowed Amount	1		Used
300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	1		Used
300	AMT	Coordination of Benefits (COB) Covered Amount	1		Used
300	AMT	Coordination of Benefits (COB) Discount Amount	1		Used
300	AMT	Coordination of Benefits (COB) Patient Paid Amount	1		Used
305	DMG	Other Insured Demographic Information	1		Used
310	OI	Other Insurance Coverage Information	1		Required
LOOP ID - 2330A				<u>1</u>	
325	NM1	Other Subscriber Name	1		Required
332	N3	Other Subscriber Address	1		Used
340	N4	Other Subscriber City/State/Zip Code	1		Used
355	REF	Other Subscriber Secondary Identification	3		Used
LOOP ID - 2330B				<u>1</u>	
325	NM1	Other Payer Name	1		Required
345	PER	Other Payer Contact Information	2		Used
350	DTP	Claim Paid Date	1		Used
355	REF	Other Payer Secondary Identifier	3		Used
355	REF	Other Payer Prior Authorization or Referral Number	2		Used
355	REF	Other Payer Claim Adjustment Indicator	1		Used
LOOP ID - 2330C				<u>1</u>	
325	NM1	Other Payer Patient Information	1		Used
355	REF	Other Payer Patient Identification	3		Used
LOOP ID - 2330D				<u>1</u>	
325	NM1	Other Payer Referring Provider	1		Used
355	REF	Other Payer Referring Provider Identification	3		Used

LOOP ID - 2330E				<u>1</u>	
325	NM1	Other Payer Rendering Provider	1		Used
355	REF	Other Payer Rendering Provider Identification	3		Used
LOOP ID - 2400				<u>50</u>	
365	LX	Line Counter	1		Required
380	SV3	Dental Service	1		Required
382	TOO	Tooth Information	32		Used
455	DTP	Date - Service	1		Used
455	DTP	Date - Prior Placement	1		Used
455	DTP	Date - Appliance Placement	1		Used
455	DTP	Date - Replacement	1		Used
460	QTY	Anesthesia Quantity	5		Used
470	REF	Service Predetermination Identification	1		Used
470	REF	Prior Authorization or Referral Number	2		Used
470	REF	Line Item Control Number	1		Used
475	AMT	Approved Amount	1		Used
475	AMT	Sales Tax Amount	1		Used
485	NTE	Line Note	10		Used
LOOP ID - 2420A				<u>1</u>	
500	NM1	Rendering Provider Name	1		Used
505	PRV	Rendering Provider Specialty Information	1		Used
525	REF	Rendering Provider Secondary Identification	5		Used
LOOP ID - 2420B				<u>1</u>	
500	NM1	Other Payer Prior Authorization or Referral Number	1		Used
525	REF	Other Payer Prior Authorization or Referral Number	2		Used
LOOP ID - 2420C				<u>1</u>	
500	NM1	Assistant Surgeon Name	1		Used
505	PRV	Assistant Surgeon Specialty Information	1		Used
525	REF	Assistant Surgeon Secondary Identification	1		Used
LOOP ID - 2430				<u>25</u>	
540	SVD	Line Adjudication Information	1		Used
545	CAS	Service Adjustment	99		Used
550	DTP	Line Adjudication Date	1		Required
555	SE	Transaction Set Trailer	1		Required

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

ISA Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Nebraska Medicaid Directive:

Refer to Trading Partner Profile and Nebraska Medicaid X12 Submission Requirements Manual documents for additional information. Copies are posted at: "<http://www.hhs.state.ne.us/med/edindex.htm>".

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information <u>Code</u> <u>Name</u> 00 No Authorization Information Present (No Meaningful Information in I02) 03 Additional Data Identification	M	ID	2/2	Required
ISA02	I02	Authorization Information Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M	AN	10/10	Required
ISA03	I03	Security Information Qualifier Description: Code to identify the type of information in the Security Information <u>Code</u> <u>Name</u> 00 No Security Information Present (No Meaningful Information in I04) 01 Password	M	ID	2/2	Required
ISA04	I04	Security Information Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M	AN	10/10	Required
ISA05	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified Nebraska Medicaid Directive: Use code identified on Trading Partner Profile. <u>Code</u> <u>Name</u> 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined	M	ID	2/2	Required

ISA06	I06	Interchange Sender ID Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element Nebraska Medicaid Directive: <i>This value cannot be "MMISNEBR". Identified on Trading Partner Profile.</i>	M	AN	15/15	Required																				
ISA07	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified Nebraska Medicaid Directive: <i>Use code "ZZ".</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>01</td><td>Duns (Dun & Bradstreet)</td></tr><tr><td>14</td><td>Duns Plus Suffix</td></tr><tr><td>20</td><td>Health Industry Number (HIN)</td></tr><tr><td>27</td><td>Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>28</td><td>Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>29</td><td>Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)</td></tr><tr><td>30</td><td>U.S. Federal Tax Identification Number</td></tr><tr><td>33</td><td>National Association of Insurance Commissioners Company Code (NAIC)</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	Code	Name	01	Duns (Dun & Bradstreet)	14	Duns Plus Suffix	20	Health Industry Number (HIN)	27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)	28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)	29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	30	U.S. Federal Tax Identification Number	33	National Association of Insurance Commissioners Company Code (NAIC)	ZZ	Mutually Defined	M	ID	2/2	Required
Code	Name																									
01	Duns (Dun & Bradstreet)																									
14	Duns Plus Suffix																									
20	Health Industry Number (HIN)																									
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)																									
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)																									
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)																									
30	U.S. Federal Tax Identification Number																									
33	National Association of Insurance Commissioners Company Code (NAIC)																									
ZZ	Mutually Defined																									
ISA08	I07	Interchange Receiver ID Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them Nebraska Medicaid Directive: <i>Use "MMISNEBR".</i>	M	AN	15/15	Required																				
ISA09	I08	Interchange Date Description: Date of the interchange	M	DT	6/6	Required																				
ISA10	I09	Interchange Time Description: Time of the interchange	M	TM	4/4	Required																				
ISA11	I10	Interchange Control Standards Identifier Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer All valid standard codes are used.	M	ID	1/1	Required																				
ISA12	I11	Interchange Control Version Number Description: Code specifying the version number of the interchange control segments Nebraska Medicaid Directive: <i>Use "00401".</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>00401</td><td>Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</td></tr></table>	Code	Name	00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	M	ID	5/5	Required																
Code	Name																									
00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997																									
ISA13	I12	Interchange Control Number Description: A control number assigned by the interchange sender	M	N0	9/9	Required																				
ISA14	I13	Acknowledgment Requested Description: Code sent by the sender to request an interchange acknowledgment (TA1) All valid standard codes are used.	M	ID	1/1	Required																				
ISA15	I14	Usage Indicator Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information <table><tr><th>Code</th><th>Name</th></tr></table>	Code	Name	M	ID	1/1	Required																		
Code	Name																									

P Production Data
T Test Data

ISA16	I15	Component Element Separator Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator	M	1/1	Required
-------	-----	--	---	-----	----------

GS**Functional Group Header**

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Nebraska Medicaid Directive:

Refer to Trading Partner Profile and Nebraska Medicaid X12 Submission Requirements Manual documents for additional information. Copies are posted at: "<http://www.hhs.state.ne.us/med/edindex.htm>".

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage																						
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets Nebraska Medicaid Directive: Use "HC". <table><tr><th>Code</th><th>Name</th></tr><tr><td>BE</td><td>Benefit Enrollment and Maintenance (834)</td></tr><tr><td>FA</td><td>Functional Acknowledgment (997)</td></tr><tr><td>HB</td><td>Eligibility, Coverage or Benefit Information (271)</td></tr><tr><td>HC</td><td>Health Care Claim (837)</td></tr><tr><td>HI</td><td>Health Care Services Review Information (278)</td></tr><tr><td>HN</td><td>Health Care Claim Status Notification (277)</td></tr><tr><td>HP</td><td>Health Care Claim Payment/Advice (835)</td></tr><tr><td>HR</td><td>Health Care Claim Status Request (276)</td></tr><tr><td>HS</td><td>Eligibility, Coverage or Benefit Inquiry (270)</td></tr><tr><td>RA</td><td>Payment Order/Remittance Advice (820)</td></tr></table>	Code	Name	BE	Benefit Enrollment and Maintenance (834)	FA	Functional Acknowledgment (997)	HB	Eligibility, Coverage or Benefit Information (271)	HC	Health Care Claim (837)	HI	Health Care Services Review Information (278)	HN	Health Care Claim Status Notification (277)	HP	Health Care Claim Payment/Advice (835)	HR	Health Care Claim Status Request (276)	HS	Eligibility, Coverage or Benefit Inquiry (270)	RA	Payment Order/Remittance Advice (820)	M	ID	2/2	Required
Code	Name																											
BE	Benefit Enrollment and Maintenance (834)																											
FA	Functional Acknowledgment (997)																											
HB	Eligibility, Coverage or Benefit Information (271)																											
HC	Health Care Claim (837)																											
HI	Health Care Services Review Information (278)																											
HN	Health Care Claim Status Notification (277)																											
HP	Health Care Claim Payment/Advice (835)																											
HR	Health Care Claim Status Request (276)																											
HS	Eligibility, Coverage or Benefit Inquiry (270)																											
RA	Payment Order/Remittance Advice (820)																											
GS02	142	Application Sender's Code Description: Code identifying party sending transmission; codes agreed to by trading partners Nebraska Medicaid Directive: This value cannot be "MMISNEBR", identified on Trading Partner Profile.	M	AN	2/15	Required																						
GS03	124	Application Receiver's Code Description: Code identifying party receiving transmission; codes agreed to by trading partners Nebraska Medicaid Directive: Use "MMISNEBR".	M	AN	2/15	Required																						
GS04	373	Date Description: Date expressed as CCYYMMDD	M	DT	8/8	Required																						
GS05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	M	TM	4/8	Required																						
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	N0	1/9	Required																						
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480 <table><tr><th>Code</th><th>Name</th></tr></table>	Code	Name	M	ID	1/2	Required																				
Code	Name																											

GS08	480	X	Accredited Standards Committee X12	M	AN	1/12	Required
Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed							
<u>Code</u> <u>Name</u> 004010X097A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997.							

ST**Transaction Set Header**

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set	M	ID	3/3	Required
		Code Name 837 Health Care Claim				
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set Industry: <i>The Transaction Set Control Numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could begin sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.</i>	M	AN	4/9	Required

BHT Beginning of Hierarchical Transaction

Loop: N/A

Elements: 6

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
BHT01	1005	Hierarchical Structure Code Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	M	ID	4/4	Required						
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>0019</td><td>Information Source, Subscriber, Dependent</td></tr></table>	<u>Code</u>	<u>Name</u>	0019	Information Source, Subscriber, Dependent						
<u>Code</u>	<u>Name</u>											
0019	Information Source, Subscriber, Dependent											
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set Industry: <i>BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms “original” and “reissue” refer to the electronic transmission status of the 837 batch, not the billing status.</i>	M	ID	2/2	Required						
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>00</td><td>Original</td></tr><tr><td>18</td><td>Reissue</td></tr></table>	<u>Code</u>	<u>Name</u>	00	Original	18	Reissue				
<u>Code</u>	<u>Name</u>											
00	Original											
18	Reissue											
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Originator Application Transaction Identifier</i>	O	AN	1/30	Required						
BHT04	373	Date Description: Date expressed as CCYYMMDD Industry: <i>Transaction Set Creation Date</i>	O	DT	8/8	Required						
BHT05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Industry: <i>Transaction Set Creation Time</i>	O	TM	4/8	Required						
BHT06	640	Transaction Type Code Description: Code specifying the type of transaction Industry: <i>Claim or Encounter Identifier</i>	O	ID	2/2	Required						
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>CH</td><td>Chargeable</td></tr><tr><td>RP</td><td>Reporting</td></tr></table>	<u>Code</u>	<u>Name</u>	CH	Chargeable	RP	Reporting				
<u>Code</u>	<u>Name</u>											
CH	Chargeable											
RP	Reporting											

REF**Transmission Type Identification**

Loop: N/A

Elements: 2

User Option (Usage): Required

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name 87 Functional Category				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Transmission Type Code</i>	C	AN	1/30	Required

NM1**Submitter Name**

Loop: 1000A

Elements: 7

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 41 Submitter	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Submitter Last or Organization Name</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Submitter First Name</i>	O	AN	1/25	Used
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Submitter Middle Name</i>	O	AN	1/25	Used
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 46 Electronic Transmitter Identification Number (ETIN)	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Submitter Identifier</i> Nebraska Medicaid Directive: <i>Use the four-digit Medicaid Assigned submitter ID.</i>	C	AN	2/80	Required

PER Submitter Contact Information

Loop: 1000A

Elements: 8

User Option (Usage): Required

To identify a person or office to whom administrative communications should be directed

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required
		Code Name				
		IC Information Contact				
PER02	93	Name Description: Free-form name Industry: <i>Submitter Contact Name</i>	O	AN	1/60	Required
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number Nebraska Medicaid Directive: <i>Code "EM" not used by NE Medicaid.</i>	C	ID	2/2	Required
		Code Name				
		ED Electronic Data Interchange Access Number				
		EM Electronic Mail				
		FX Facsimile				
		TE Telephone				
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Required
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number Nebraska Medicaid Directive: <i>Code "EM" not used by NE Medicaid.</i>	C	ID	2/2	Used
		Code Name				
		ED Electronic Data Interchange Access Number				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Used
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number Nebraska Medicaid Directive: <i>Code "EM" not used by NE Medicaid.</i>	C	ID	2/2	Used
		Code Name				
		ED Electronic Data Interchange Access Number				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				

TE Telephone

PER08 364

Communication Number

C

AN

1/80

Used

Description: Complete communications number including country or area code when applicable

NM1 Receiver Name

Loop: 1000B

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> 40 Receiver	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <u>Code</u> <u>Name</u> 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Receiver Name</i> Nebraska Medicaid Directive: <i>Use "State of Nebraska".</i>	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <u>Code</u> <u>Name</u> 46 Electronic Transmitter Identification Number (ETIN)	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Receiver Primary Identifier</i> Nebraska Medicaid Directive: <i>Use "NEMEDICAID".</i>	C	AN	2/80	Required

HL

Billing/Pay-to Provider Hierarchical Level

Loop: 2000A

Elements: 3

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
		<u>Code</u> <u>Name</u> 20 Information Source				
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		<u>Code</u> <u>Name</u> 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

NM1 Billing Provider Name

Loop: 2010AA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> 85 Billing Provider	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <u>Code</u> <u>Name</u> 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Billing Provider Last or Organizational Name</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Billing Provider First Name</i>	O	AN	1/25	Used
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Billing Provider Middle Name</i>	O	AN	1/25	Used
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Billing Provider Name Suffix</i>	O	AN	1/10	Used
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <u>Code</u> <u>Name</u> 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Billing Provider Identifier</i>	C	AN	2/80	Required

N3**Billing Provider Address**

Loop: 2010AA

Elements: 2

User Option (Usage): Required

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: <i>Billing Provider Address Line</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: <i>Billing Provider Address Line</i>	O	AN	1/55	Used

N4**Billing Provider City/State/ZIP Code**

Loop: 2010AA

Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Billing Provider City Name</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Billing Provider State or Province Code</i>	O	ID	2/2	Required
		ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Billing Provider Postal Zone or ZIP Code</i>	O	ID	3/15	Required
		ExternalCodeList Name: 51 Description: ZIP Code				
N404	26	Country Code Description: Code identifying the country ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Used

REF Billing Provider Secondary Identification Number

Loop: 2010AA

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:

Nebraska Medicaid requires use of code 1D and the 11-digit NE Medicaid assigned provider number. If Billing Provider NPI is sent in NM109, Nebraska Medicaid requires an additional REF segment using either Employer Identification Number (EI) or Social Security Number (SY).

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
REF01	128	<p>Reference Identification Qualifier</p> <p>Description: Code qualifying the Reference Identification</p> <p>Nebraska Medicaid Directive: <i>Nebraska Medicaid requires use code "1D" and the 11-digit NE Medicaid assigned provider number. If Billing Provider NPI is sent in NM109, Nebraska Medicaid requires an additional REF Segment using either Employer Identification Number (EI) or Social Security Number (SY).</i></p> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1D</td><td>Medicaid Provider Number</td></tr><tr><td>EI</td><td>Employer's Identification Number</td></tr><tr><td>SY</td><td>Social Security Number</td></tr></table>	<u>Code</u>	<u>Name</u>	1D	Medicaid Provider Number	EI	Employer's Identification Number	SY	Social Security Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>													
1D	Medicaid Provider Number													
EI	Employer's Identification Number													
SY	Social Security Number													
REF02	127	<p>Reference Identification</p> <p>Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p>Industry: <i>Billing Provider Additional Identifier</i></p>	C	AN	1/30	Required								

HL**Subscriber Hierarchical Level**

Loop: 2000B

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required				
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required				
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure <table><tr><td><u>Code</u></td><td><u>Name</u></td></tr><tr><td>22</td><td>Subscriber</td></tr></table>	<u>Code</u>	<u>Name</u>	22	Subscriber	M	ID	1/2	Required
<u>Code</u>	<u>Name</u>									
22	Subscriber									
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described All valid standard codes are used.	O	ID	1/1	Required				

SBR Subscriber Information

Loop: 2000B

Elements: 6

User Option (Usage): Required

To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SBR01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim <u>Code</u> <u>Name</u> P Primary S Secondary T Tertiary	M	ID	1/1	Required
SBR02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities Nebraska Medicaid Directive: Use "18". <u>Code</u> <u>Name</u> 18 Self	O	ID	2/2	Used
SBR03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Insured Group or Policy Number	O	AN	1/30	Not used
SBR04	93	Name Description: Free-form name Industry: Insured Group Name	O	AN	1/60	Not used
SBR06	1143	Coordination of Benefits Code Description: Code identifying whether there is a coordination of benefits <u>Code</u> <u>Name</u> 1 Coordination of Benefits 6 No Coordination of Benefits	O	ID	1/1	Required
SBR09	1032	Claim Filing Indicator Code Description: Code identifying type of claim Nebraska Medicaid Directive: Nebraska will only process on value "MC". <u>Code</u> <u>Name</u> MC Medicaid	O	ID	1/2	Used

NM1 Subscriber Name

Loop: 2010BA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

If the patient is an "ineligible mother" (eligible under the unborn baby's number), enter the mother's name in NM103-NM107 and enter the unborn baby's eligibility number in NM109.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Subscriber Last Name</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Subscriber First Name</i>	O	AN	1/25	Used
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Subscriber Middle Name</i>	O	AN	1/25	Used
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Subscriber Name Suffix</i>	O	AN	1/10	Used
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: <i>Use code "MI" and the 11-digit NE Medicaid assigned recipient ID number.</i> Code Name MI Member Identification Number	C	ID	1/2	Used
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Subscriber Primary Identifier</i>	C	AN	2/80	Used

N3**Subscriber Address**

Loop: 2010BA

Elements: 2

User Option (Usage): Used

To specify the location of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: <i>Subscriber Address Line</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: <i>Subscriber Address Line</i>	O	AN	1/55	Used

N4**Subscriber City/State/ZIP Code**

Loop: 2010BA

Elements: 4

User Option (Usage): Used

To specify the geographic place of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Subscriber City Name</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Subscriber State Code</i>	O	ID	2/2	Required
		<u>ExternalCodeList</u> Name: 22 Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Subscriber Postal Zone or ZIP Code</i>	O	ID	3/15	Required
		<u>ExternalCodeList</u> Name: 51 Description: ZIP Code				
N404	26	Country Code Description: Code identifying the country <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Used

DMG Subscriber Demographic Information

Loop: 2010BA

Elements: 3

User Option (Usage): Used

To supply demographic information

Nebraska Medicaid Directive:

Required by NE Medicaid. NOTE: If the patient is an "ineligible mother" (eligible under the unborn baby's number), enter the mother's date of birth (DMG02) and sex (DMG03).

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name				
		D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Required
		Industry: <i>Subscriber Birth Date</i>				
DMG03	1068	Gender Code Description: Code indicating the sex of the individual	O	ID	1/1	Required
		Industry: <i>Subscriber Gender Code</i>				
		Code Name				
		F Female				
		M Male				
		U Unknown				

NM1 Payer Name

Loop: 2010BB

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> PR Payer	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <u>Code</u> <u>Name</u> 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Payer Name</i> Nebraska Medicaid Directive: <i>This will be Nebraska Medicaid.</i>	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <u>Code</u> <u>Name</u> PI Payor Identification	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Payer Identifier</i> Nebraska Medicaid Directive: <i>Use "NEMEDICAID".</i>	C	AN	2/80	Required

CLM Claim Information

Loop: 2300

Elements: 11

User Option (Usage): Required

To specify basic data about the claim

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CLM01	1028	Claim Submitter's Identifier Description: Identifier used to track a claim from creation by the health care provider through payment Industry: <i>Patient Account Number</i>	M	AN	1/38	Required
CLM02	782	Monetary Amount Description: Monetary amount Industry: <i>Total Claim Charge Amount</i> Nebraska Medicaid Directive: <i>Must equal sum of all service lines submitted.</i>	O	R	1/18	Required
CLM05	C023	Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered	O	Comp		Required
	1331	Facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: <i>Facility Type Code</i>	M	AN	1/2	Required
		ExternalCodeList Name: 237 Description: Place of Service from Health Care Financing Administration Claim Form				
	1325	Claim Frequency Type Code Description: Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type Industry: <i>Claim Submission Reason Code</i> Nebraska Medicaid Directive: <i>Use codes "1", "7" or "8" only.</i>	O	ID	1/1	Required
		ExternalCodeList Name: 235 Description: Claim Frequency Type Code				
CLM06	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Provider or Supplier Signature Indicator</i>	O	ID	1/1	Required
		Code Name N No Y Yes				
CLM07	1359	Provider Accept Assignment Code Description: Code indicating whether the provider accepts assignment Industry: <i>Medicare Assignment Code</i>	O	ID	1/1	Not used
		Code Name A Assigned C Not Assigned				

CLM08	1073	P Patient Refuses to Assign Benefits Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Benefits Assignment Certification Indicator</i>	O	ID	1/1	Required
		Code Name N No Y Yes				
CLM09	1363	Release of Information Code Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations Code Name N No, Provider is Not Allowed to Release Data Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	O	ID	1/1	Required
CLM11	C024	Related Causes Information Description: To identify one or more related causes and associated state or country information Nebraska Medicaid Directive: <i>If DTP - Date of Accident (DTP01 = 439) is used, then CLM11 is required.</i>	O	Comp		Used
	1362	Related-Causes Code Description: Code identifying an accompanying cause of an illness, injury or an accident Industry: <i>Related Causes Code</i>	M	ID	2/3	Required
		Code Name AA Auto Accident EM Employment OA Other Accident				
	1362	Related-Causes Code Description: Code identifying an accompanying cause of an illness, injury or an accident Industry: <i>Related Causes Code</i>	O	ID	2/3	Used
		Code Name AA Auto Accident EM Employment OA Other Accident				
	1362	Related-Causes Code Description: Code identifying an accompanying cause of an illness, injury or an accident Industry: <i>Related Causes Code</i>	O	ID	2/3	Used
		Code Name AA Auto Accident EM Employment OA Other Accident				
	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Auto Accident State or Province Code</i>	O	ID	2/2	Used
		ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.				
	26	Country Code Description: Code identifying the country ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Used

CLM12	1366	Special Program Code Description: Code indicating the Special Program under which the services rendered to the patient were performed Industry: <i>Special Program Indicator</i> Nebraska Medicaid Directive: <i>Not used by Nebraska Medicaid.</i>	O	ID	2/3	Not used																								
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>01</td><td>Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)</td></tr><tr><td>02</td><td>Physically Handicapped Children's Program</td></tr><tr><td>03</td><td>Special Federal Funding</td></tr><tr><td>05</td><td>Disability</td></tr></table>	<u>Code</u>	<u>Name</u>	01	Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)	02	Physically Handicapped Children's Program	03	Special Federal Funding	05	Disability																		
<u>Code</u>	<u>Name</u>																													
01	Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)																													
02	Physically Handicapped Children's Program																													
03	Special Federal Funding																													
05	Disability																													
CLM19	1383	Claim Submission Reason Code Description: Code identifying reason for claim submission Nebraska Medicaid Directive: <i>837D not used by NE Medicaid as prior authorization request or for predetermination of dental benefits.</i>	O	ID	2/2	Not used																								
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>PB</td><td>Predetermination of Dental Benefits</td></tr></table>	<u>Code</u>	<u>Name</u>	PB	Predetermination of Dental Benefits																								
<u>Code</u>	<u>Name</u>																													
PB	Predetermination of Dental Benefits																													
CLM20	1514	Delay Reason Code Description: Code indicating the reason why a request was delayed	O	ID	1/2	Used																								
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Proof of Eligibility Unknown or Unavailable</td></tr><tr><td>2</td><td>Litigation</td></tr><tr><td>3</td><td>Authorization Delays</td></tr><tr><td>4</td><td>Delay in Certifying Provider</td></tr><tr><td>5</td><td>Delay in Supplying Billing Forms</td></tr><tr><td>6</td><td>Delay in Delivery of Custom-made Appliances</td></tr><tr><td>7</td><td>Third Party Processing Delay</td></tr><tr><td>8</td><td>Delay in Eligibility Determination</td></tr><tr><td>9</td><td>Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules</td></tr><tr><td>10</td><td>Administration Delay in the Prior Approval Process</td></tr><tr><td>11</td><td>Other</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Proof of Eligibility Unknown or Unavailable	2	Litigation	3	Authorization Delays	4	Delay in Certifying Provider	5	Delay in Supplying Billing Forms	6	Delay in Delivery of Custom-made Appliances	7	Third Party Processing Delay	8	Delay in Eligibility Determination	9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules	10	Administration Delay in the Prior Approval Process	11	Other				
<u>Code</u>	<u>Name</u>																													
1	Proof of Eligibility Unknown or Unavailable																													
2	Litigation																													
3	Authorization Delays																													
4	Delay in Certifying Provider																													
5	Delay in Supplying Billing Forms																													
6	Delay in Delivery of Custom-made Appliances																													
7	Third Party Processing Delay																													
8	Delay in Eligibility Determination																													
9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules																													
10	Administration Delay in the Prior Approval Process																													
11	Other																													

DTP Date - Accident

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

If this element is used, CLM11 is required.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>439</td><td>Accident</td></tr></table>	<u>Code</u>	<u>Name</u>	439	Accident	M	ID	3/3	Required
<u>Code</u>	<u>Name</u>									
439	Accident									
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Accident Date</i>	M	AN	1/35	Required				

DTP Date - Appliance Placement

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 452 Appliance Placement				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Orthodontic Banding Date</i>	M	AN	1/35	Required

DTP Date - Service

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 472 Service				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Service Date</i>	M	AN	1/35	Required

DN2 Tooth Status

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify the status of individual teeth

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
DN201	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Tooth Number</i> ExternalCodeList Name: 135	M	AN	1/30	Required								
DN202	1368	Tooth Status Code Description: Code specifying the status of the tooth <table><thead><tr><th><u>Code</u></th><th><u>Name</u></th></tr></thead><tbody><tr><td>E</td><td>To Be Extracted</td></tr><tr><td>I</td><td>Impacted</td></tr><tr><td>M</td><td>Missing</td></tr></tbody></table>	<u>Code</u>	<u>Name</u>	E	To Be Extracted	I	Impacted	M	Missing	M	ID	1/2	Required
<u>Code</u>	<u>Name</u>													
E	To Be Extracted													
I	Impacted													
M	Missing													

PWK Claim Supplemental Information

Loop: 2300

Elements: 4

User Option (Usage): Used

To identify the type or transmission or both of paperwork or supporting information

Nebraska Medicaid Directive:

Required when an attachment is required by NE Medicaid. Line level PWK segment may also be used; however, line level PWK alone is not sufficient.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																				
PWK01	755	Report Type Code Description: Code indicating the title or contents of a document, report or supporting item Industry: Attachment Report Type Code <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>B4</td><td>Referral Form</td></tr><tr><td>DA</td><td>Dental Models</td></tr><tr><td>DG</td><td>Diagnostic Report</td></tr><tr><td>EB</td><td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</td></tr><tr><td>OB</td><td>Operative Note</td></tr><tr><td>OZ</td><td>Support Data for Claim</td></tr><tr><td>P6</td><td>Periodontal Charts</td></tr><tr><td>RB</td><td>Radiology Films</td></tr><tr><td>RR</td><td>Radiology Reports</td></tr></table>	<u>Code</u>	<u>Name</u>	B4	Referral Form	DA	Dental Models	DG	Diagnostic Report	EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	OB	Operative Note	OZ	Support Data for Claim	P6	Periodontal Charts	RB	Radiology Films	RR	Radiology Reports	M	ID	2/2	Required
<u>Code</u>	<u>Name</u>																									
B4	Referral Form																									
DA	Dental Models																									
DG	Diagnostic Report																									
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)																									
OB	Operative Note																									
OZ	Support Data for Claim																									
P6	Periodontal Charts																									
RB	Radiology Films																									
RR	Radiology Reports																									
PWK02	756	Report Transmission Code Description: Code defining timing, transmission method or format by which reports are to be sent Industry: Attachment Transmission Code Nebraska Medicaid Directive: Use codes "BM" or "FX" only. The fax number is 402-471-8703. <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>BM</td><td>By Mail</td></tr><tr><td>FX</td><td>By Fax</td></tr></table>	<u>Code</u>	<u>Name</u>	BM	By Mail	FX	By Fax	O	ID	1/2	Required														
<u>Code</u>	<u>Name</u>																									
BM	By Mail																									
FX	By Fax																									
PWK05	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: Required if PWK02 = BM or FX. <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>AC</td><td>Attachment Control Number</td></tr></table>	<u>Code</u>	<u>Name</u>	AC	Attachment Control Number	C	ID	1/2	Recommended																
<u>Code</u>	<u>Name</u>																									
AC	Attachment Control Number																									
PWK06	67	Identification Code Description: Code identifying a party or other code Industry: Attachment Control Number Nebraska Medicaid Directive: Required if PWK02 = "BM" or "FX". This number must be unique for each claim and must be in the following format: 11-digit NE Medicaid provider number of billing provider plus not more than a 9-digit unique number. This number must also be on each page/part of the attachment when it is mailed or faxed.	C	AN	2/80	Recommended																				

AMT Patient Amount Paid

Loop: 2300

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Nebraska Medicaid Directive:

Required if patient has paid any amount toward the claim. Exception: Do not report any NE Medicaid copay.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount <u>Code</u> <u>Name</u> F5 Patient Amount Paid	M	ID	1/3	Required
AMT02	782	Monetary Amount Description: Monetary amount Industry: Patient Amount Paid	M	R	1/18	Required

REF**Service Authorization Exception Code**

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		4N Special Payment Reference Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Service Authorization Exception Code</i>	C	AN	1/30	Required
		Code Name				
		1 Immediate/Urgent Care				
		2 Services rendered in a retroactive period				
		3 Emergency care				
		4 Client as temporary Medicaid				
		5 Request from County for second opinion to recipient can work				
		6 Request for override pending				
		7 Special handling				

REF**Original Reference Number
(ICN/DCN)**

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:*Required by NE Medicaid for Frequency Type Codes (CLM05-3) 7 or 8.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name F8 Original Reference Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Claim Original Reference Number</i> Nebraska Medicaid Directive: <i>Use NE Medicaid assigned claim number.</i>	C	AN	1/30	Required

NTE Claim Note

Loop: 2300

Elements: 2

User Option (Usage): Used

To transmit information in a free-form format, if necessary, for comment or special instruction

Nebraska Medicaid Directive:

Use when additional information is required by NE Medicaid to substantiate the services.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NTE01	363	Note Reference Code Description: Code identifying the functional area or purpose for which the note applies <u>Code</u> <u>Name</u> ADD Additional Information	O	ID	3/3	Required
NTE02	352	Description Description: A free-form description to clarify the related data elements and their content Industry: <i>Claim Note Text</i>	M	AN	1/80	Required

NM1 Rendering Provider Name

Loop: 2310B

Elements: 8

User Option (Usage): Used

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

Required by NE Medicaid for dentists enrolled as a group provider.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> 82 Rendering Provider	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <u>Code</u> <u>Name</u> 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Rendering Provider Last or Organization Name</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Rendering Provider First Name</i>	O	AN	1/25	Used
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Rendering Provider Middle Name</i>	O	AN	1/25	Used
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Rendering Provider Name Suffix</i>	O	AN	1/10	Used
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: <i>If using code "34", report SSN as a 9-digit all numeric value (no dashes or hyphens).</i> <u>Code</u> <u>Name</u> 34 Social Security Number XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Rendering Provider Identifier</i>	C	AN	2/80	Required

REF Rendering Provider Secondary Identification

Loop: 2310B

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:

Nebraska Medicaid requires us 0B and State License Number. If Rendering Provider NPI is sent in NM109, Nebraska Medicaid requires an additional REF segment using Social Security Number (SY).

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
REF01	128	<p>Reference Identification Qualifier</p> <p>Description: Code qualifying the Reference Identification</p> <p>Nebraska Medicaid Directive: <i>Nebraska Medicaid requires use of 0B and the State License Number. If Rendering Provider NPI is sent in NM109, Nebraska Medicaid requires an additional REF Social Security Number (SY).</i></p> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>0B</td><td>State License Number</td></tr><tr><td>SY</td><td>Social Security Number</td></tr></table>	<u>Code</u>	<u>Name</u>	0B	State License Number	SY	Social Security Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>											
0B	State License Number											
SY	Social Security Number											
REF02	127	<p>Reference Identification</p> <p>Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p>Industry: <i>Rendering Provider Secondary Identifier</i></p> <p>Nebraska Medicaid Directive: <i>State license number must be the two-digit alphabetical state code abbreviation followed by the state license number. For example, NE123456.</i></p>	C	AN	1/30	Required						

NM1 Service Facility Location

Loop: 2310C

Elements: 5

User Option (Usage): Used

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> FA Facility	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <u>Code</u> <u>Name</u> 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Laboratory or Facility Name</i> Nebraska Medicaid Directive: <i>Facility Name</i>	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <u>Code</u> <u>Name</u> 24 Employer's Identification Number 34 Social Security Number	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Laboratory or Facility Primary Identifier</i>	C	AN	2/80	Required

SBR Other Subscriber Information

Loop: 2320

Elements: 5

User Option (Usage): Used

To record information specific to the primary insured and the insurance carrier for that insured

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage																								
SBR01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim <table><tr><th>Code</th><th>Name</th></tr><tr><td>P</td><td>Primary</td></tr><tr><td>S</td><td>Secondary</td></tr><tr><td>T</td><td>Tertiary</td></tr></table>	Code	Name	P	Primary	S	Secondary	T	Tertiary	M	ID	1/1	Required																
Code	Name																													
P	Primary																													
S	Secondary																													
T	Tertiary																													
SBR02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities <table><tr><th>Code</th><th>Name</th></tr><tr><td>01</td><td>Spouse</td></tr><tr><td>18</td><td>Self</td></tr><tr><td>19</td><td>Child</td></tr><tr><td>20</td><td>Employee</td></tr><tr><td>21</td><td>Unknown</td></tr><tr><td>22</td><td>Handicapped Dependent</td></tr><tr><td>29</td><td>Significant Other</td></tr><tr><td>76</td><td>Dependent</td></tr></table>	Code	Name	01	Spouse	18	Self	19	Child	20	Employee	21	Unknown	22	Handicapped Dependent	29	Significant Other	76	Dependent	O	ID	2/2	Required						
Code	Name																													
01	Spouse																													
18	Self																													
19	Child																													
20	Employee																													
21	Unknown																													
22	Handicapped Dependent																													
29	Significant Other																													
76	Dependent																													
SBR03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Insured Group or Policy Number</i>	O	AN	1/30	Used																								
SBR04	93	Name Description: Free-form name Industry: <i>Policy Name</i>	O	AN	1/60	Used																								
SBR09	1032	Claim Filing Indicator Code Description: Code identifying type of claim <table><tr><th>Code</th><th>Name</th></tr><tr><td>09</td><td>Self-pay</td></tr><tr><td>11</td><td>Other Non-Federal Programs</td></tr><tr><td>12</td><td>Preferred Provider Organization (PPO)</td></tr><tr><td>13</td><td>Point of Service (POS)</td></tr><tr><td>14</td><td>Exclusive Provider Organization (EPO)</td></tr><tr><td>15</td><td>Indemnity Insurance</td></tr><tr><td>16</td><td>Health Maintenance Organization (HMO) Medicare Risk</td></tr><tr><td>17</td><td>Dental Maintenance Organization</td></tr><tr><td>BL</td><td>Blue Cross/Blue Shield</td></tr><tr><td>CH</td><td>Champus</td></tr><tr><td>CI</td><td>Commercial Insurance Co.</td></tr></table>	Code	Name	09	Self-pay	11	Other Non-Federal Programs	12	Preferred Provider Organization (PPO)	13	Point of Service (POS)	14	Exclusive Provider Organization (EPO)	15	Indemnity Insurance	16	Health Maintenance Organization (HMO) Medicare Risk	17	Dental Maintenance Organization	BL	Blue Cross/Blue Shield	CH	Champus	CI	Commercial Insurance Co.	O	ID	1/2	Used
Code	Name																													
09	Self-pay																													
11	Other Non-Federal Programs																													
12	Preferred Provider Organization (PPO)																													
13	Point of Service (POS)																													
14	Exclusive Provider Organization (EPO)																													
15	Indemnity Insurance																													
16	Health Maintenance Organization (HMO) Medicare Risk																													
17	Dental Maintenance Organization																													
BL	Blue Cross/Blue Shield																													
CH	Champus																													
CI	Commercial Insurance Co.																													

DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
MH	Managed Care Non-HMO
OF	Other Federal Program
SA	Self-administered Group
VA	Veteran Administration Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined

CAS Claim Adjustment

Loop: 2320

Elements: 19

User Option (Usage): Used

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide. Send if adjustment is related to the entire claim only; otherwise, use the Loop 2430 CAS segment.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CAS01	1033	Claim Adjustment Group Code Description: Code identifying the general category of payment adjustment Code CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility	M	ID	1/2	Required
CAS02	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code	M	ID	1/5	Required
CAS03	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount	M	R	1/18	Required
CAS04	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity	O	R	1/15	Used
CAS05	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Used
CAS06	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount	C	R	1/18	Used
CAS07	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity	C	R	1/15	Used
CAS08	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code ExternalCodeList Name: 139	C	ID	1/5	Used

CAS09	782	Description: Claim Adjustment Reason Code Monetary Amount Description: Monetary amount Industry: <i>Adjustment Amount</i>	C	R	1/18	Used
CAS10	380	Quantity Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i>	C	R	1/15	Used
CAS11	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: <i>Adjustment Reason Code</i> ExternalCodeList Name: 139	C	ID	1/5	Used
CAS12	782	Description: Claim Adjustment Reason Code Monetary Amount Description: Monetary amount Industry: <i>Adjustment Amount</i>	C	R	1/18	Used
CAS13	380	Quantity Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i>	C	R	1/15	Used
CAS14	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: <i>Adjustment Reason Code</i> ExternalCodeList Name: 139	C	ID	1/5	Used
CAS15	782	Description: Claim Adjustment Reason Code Monetary Amount Description: Monetary amount Industry: <i>Adjustment Amount</i>	C	R	1/18	Used
CAS16	380	Quantity Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i>	C	R	1/15	Used
CAS17	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: <i>Adjustment Reason Code</i> ExternalCodeList Name: 139	C	ID	1/5	Used
		Description: Claim Adjustment Reason Code				
CAS18	782	Monetary Amount Description: Monetary amount Industry: <i>Adjustment Amount</i>	C	R	1/18	Used
CAS19	380	Quantity Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i>	C	R	1/15	Used

AMT

Coordination of Benefits (COB) Payer Paid Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name D Payor Amount Paid				
AMT02	782	Monetary Amount Description: Monetary amount Industry: <i>Payer Paid Amount</i>	M	R	1/18	Required

AMT

Coordination of Benefits (COB) Approved Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name AAE Approved Amount				
AMT02	782	Monetary Amount Description: Monetary amount Industry: <i>Approved Amount</i>	M	R	1/18	Required

AMT

Coordination of Benefits (COB) Allowed Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name B6 Allowed - Actual				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Allowed Amount	M	R	1/18	Required

AMT

Coordination of Benefits (COB) Patient Responsibility Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name F2 Patient Responsibility - Actual				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Patient Responsibility Amount	M	R	1/18	Required

AMT Coordination of Benefits (COB) Covered Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name AU Coverage Amount				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Covered Amount	M	R	1/18	Required

AMT**Coordination of Benefits (COB)
Discount Amount**

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name D8 Discount Amount				
AMT02	782	Monetary Amount Description: Monetary amount Industry: <i>Other Payer Discount Amount</i>	M	R	1/18	Required

AMT

Coordination of Benefits (COB) Patient Paid Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name F5 Patient Amount Paid				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Other Payer Patient Paid Amount	M	R	1/18	Required

DMG Other Insured Demographic Information

Loop: 2320

Elements: 3

User Option (Usage): Used

To supply demographic information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name				
		D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Required
		Industry: <i>Other Insured Birth Date</i>				
DMG03	1068	Gender Code Description: Code indicating the sex of the individual	O	ID	1/1	Required
		Industry: <i>Other Insured Gender Code</i>				
		Code Name				
		F Female				
		M Male				
		U Unknown				

OI

Other Insurance Coverage Information

Loop: 2320

Elements: 2

User Option (Usage): Required

To specify information associated with other health insurance coverage

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
OI03	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Benefits Assignment Certification Indicator</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>	<u>Code</u>	<u>Name</u>	N	No	Y	Yes	O	ID	1/1	Required
<u>Code</u>	<u>Name</u>											
N	No											
Y	Yes											
OI06	1363	Release of Information Code Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>N</td><td>No, Provider is Not Allowed to Release Data</td></tr><tr><td>Y</td><td>Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim</td></tr></table>	<u>Code</u>	<u>Name</u>	N	No, Provider is Not Allowed to Release Data	Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	O	ID	1/1	Required
<u>Code</u>	<u>Name</u>											
N	No, Provider is Not Allowed to Release Data											
Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim											

NM1 Other Subscriber Name

Loop: 2330A

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Other Insured Last Name</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Other Insured First Name</i>	O	AN	1/25	Required
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Other Insured Middle Name</i>	O	AN	1/25	Used
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Other Insured Name Suffix</i>	O	AN	1/10	Used
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 24 Employer's Identification Number MI Member Identification Number ZZ Mutually Defined	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Other Insured Identifier</i>	C	AN	2/80	Required

N3**Other Subscriber Address**

Loop: 2330A

Elements: 2

User Option (Usage): Used

To specify the location of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: <i>Other Insured Address Line</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: <i>Other Insured Address Line</i>	O	AN	1/55	Used

N4**Other Subscriber City/State/Zip Code**

Loop: 2330A

Elements: 4

User Option (Usage): Used

To specify the geographic place of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Other Insured City Name</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Other Insured State Code</i>	O	ID	2/2	Required
		<u>ExternalCodeList</u> Name: 22 Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Other Insured Postal Zone or ZIP Code</i>	O	ID	3/15	Required
		<u>ExternalCodeList</u> Name: 51 Description: ZIP Code				
N404	26	Country Code Description: Code identifying the country <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Used

REF**Other Subscriber Secondary Identification**

Loop: 2330A

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Nebraska Medicaid Directive: Use "IG" or "SY" only. <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>IG</td><td>Insurance Policy Number</td></tr><tr><td>SY</td><td>Social Security Number</td></tr></table>	<u>Code</u>	<u>Name</u>	IG	Insurance Policy Number	SY	Social Security Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>											
IG	Insurance Policy Number											
SY	Social Security Number											
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Insured Additional Identifier	C	AN	1/30	Required						

NM1 Other Payer Name

Loop: 2330B

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name PR Payer	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Other Payer Last or Organization Name</i>	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name PI Payor Identification	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Other Payer Primary Identifier</i>	C	AN	2/80	Required

PER**Other Payer Contact Information**

Loop: 2330B

Elements: 8

User Option (Usage): Used

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:*Use when available.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required
		Code Name IC Information Contact				
PER02	93	Name Description: Free-form name Industry: <i>Other Payer Contact Name</i>	O	AN	1/60	Required
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Required
		Code Name ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone				
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Required
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Used
		Code Name ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Used
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Used
		Code Name ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER08	364	Communication Number	C	AN	1/80	Used

Description: Complete communications number including country or area code when applicable

DTP**Claim Paid Date**

Loop: 2330B

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 573 Date Claim Paid				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Date Claim Paid</i>	M	AN	1/35	Required

REF

Other Payer Secondary Identifier

Loop: 2330B

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Nebraska Medicaid Directive: <i>Do not use "2U".</i>	M	ID	2/3	Required
		Code Name				
		2U Payer Identification Number				
		D8 Loss Report Number				
		F8 Original Reference Number				
		FY Claim Office Number				
		NF National Association of Insurance Commissioners (NAIC) Code				
		TJ Federal Taxpayer's Identification Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Other Payer Secondary Identifier</i>	C	AN	1/30	Required
		ExternalCodeList Name: 245 Description: National Association of Insurance Commissioners (NAIC) Code				

REF**Other Payer Claim Adjustment Indicator**

Loop: 2330B

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name T4 Signal Code				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Other Payer Claim Adjustment Indicator</i>	C	AN	1/30	Required

NM1 Other Payer Patient Information

Loop: 2330C

Elements: 4

User Option (Usage): Used

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <table><tr><th>Code</th><th>Name</th></tr><tr><td>QC</td><td>Patient</td></tr></table>	Code	Name	QC	Patient	M	ID	2/3	Required
Code	Name									
QC	Patient									
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <table><tr><th>Code</th><th>Name</th></tr><tr><td>1</td><td>Person</td></tr></table>	Code	Name	1	Person	M	ID	1/1	Required
Code	Name									
1	Person									
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <table><tr><th>Code</th><th>Name</th></tr><tr><td>MI</td><td>Member Identification Number</td></tr></table>	Code	Name	MI	Member Identification Number	C	ID	1/2	Required
Code	Name									
MI	Member Identification Number									
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Other Payer Patient Primary Identifier</i>	C	AN	2/80	Required				

REF Other Payer Patient Identification

Loop: 2330C

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>										
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1W</td><td>Member Identification Number</td></tr><tr><td>23</td><td>Client Number</td></tr><tr><td>IG</td><td>Insurance Policy Number</td></tr><tr><td>SY</td><td>Social Security Number</td></tr></table>	<u>Code</u>	<u>Name</u>	1W	Member Identification Number	23	Client Number	IG	Insurance Policy Number	SY	Social Security Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>															
1W	Member Identification Number															
23	Client Number															
IG	Insurance Policy Number															
SY	Social Security Number															
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Other Payer Patient Primary Identifier</i>	C	AN	1/30	Required										

LX**Line Counter****Loop: 2400****Elements: 1****User Option (Usage):** Required

To reference a line number in a transaction set

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LX01	554	Assigned Number Description: Number assigned for differentiation within a transaction set	M	N0	1/6	Required

SV3 Dental Service

Loop: 2400

Elements: 6

User Option (Usage): Required

To specify the claim service detail for dental work

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SV301	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers	M	Comp		Required
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: <i>Product or Service ID Qualifier</i>	M	ID	2/2	Required
		Code Name AD American Dental Association Codes				
	234	Product/Service ID Description: Identifying number for a product or service Industry: <i>Procedure Code</i> Nebraska Medicaid Directive: <i>When using NOC, NOS or miscellaneous codes, submit a description of the service in Loop 2400 NTE segment.</i>	M	AN	1/48	Required
		ExternalCodeList Name: 135 Description: American Dental Association Codes				
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Not used
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Not used
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Not used
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Not used
SV302	782	Monetary Amount Description: Monetary amount Industry: <i>Line Item Charge Amount</i>	O	R	1/18	Required
SV303	1331	Facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: <i>Facility Type Code</i>	O	AN	1/2	Used
		ExternalCodeList Name: 237				

SV304	C006	Description: Place of Service from Health Care Financing Administration Claim Form				
		Oral Cavity Designation	O	Comp		Used
		Description: To identify one or more areas of the oral cavity				
	1361	Oral Cavity Designation Code	M	ID	1/3	Required
		Description: Code Identifying the area of the oral cavity in which service is rendered				
		Code	Name			
		L	Left			
		R	Right			
		00	Entire Oral Cavity			
		01	Maxillary Area			
		02	Mandibular Area			
		09	Other Area of Oral Cavity			
		10	Upper Right Quadrant			
		20	Upper Left Quadrant			
		30	Lower Left Quadrant			
		40	Lower Right Quadrant			
	1361	Oral Cavity Designation Code	O	ID	1/3	Used
		Description: Code Identifying the area of the oral cavity in which service is rendered				
		Code	Name			
		L	Left			
		R	Right			
		00	Entire Oral Cavity			
		01	Maxillary Area			
		02	Mandibular Area			
		09	Other Area of Oral Cavity			
		10	Upper Right Quadrant			
		20	Upper Left Quadrant			
		30	Lower Left Quadrant			
		40	Lower Right Quadrant			
	1361	Oral Cavity Designation Code	O	ID	1/3	Used
		Description: Code Identifying the area of the oral cavity in which service is rendered				
		Code	Name			
		L	Left			
		R	Right			
		00	Entire Oral Cavity			
		01	Maxillary Area			
		02	Mandibular Area			
		09	Other Area of Oral Cavity			
		10	Upper Right Quadrant			
		20	Upper Left Quadrant			
		30	Lower Left Quadrant			
		40	Lower Right Quadrant			
	1361	Oral Cavity Designation Code	O	ID	1/3	Used
		Description: Code Identifying the area of the oral cavity in which service is rendered				
		Code	Name			
		L	Left			
		R	Right			
		00	Entire Oral Cavity			
		01	Maxillary Area			
		02	Mandibular Area			
		09	Other Area of Oral Cavity			

		10	Upper Right Quadrant				
		20	Upper Left Quadrant				
		30	Lower Left Quadrant				
		40	Lower Right Quadrant				
1361		Oral Cavity Designation Code		O	ID	1/3	Used
		Description: Code Identifying the area of the oral cavity in which service is rendered					
		<u>Code</u>	<u>Name</u>				
		L	Left				
		R	Right				
		00	Entire Oral Cavity				
		01	Maxillary Area				
		02	Mandibular Area				
		09	Other Area of Oral Cavity				
		10	Upper Right Quadrant				
		20	Upper Left Quadrant				
		30	Lower Left Quadrant				
		40	Lower Right Quadrant				
SV305	1358	Prosthesis, Crown or Inlay Code		O	ID	1/1	Used
		Description: Code specifying the placement status for the dental work					
		Industry: <i>Prosthesis, Crown, or Inlay Code</i>					
		<u>Code</u>	<u>Name</u>				
		I	Initial Placement				
		R	Replacement				
SV306	380	Quantity		O	R	1/15	Required
		Description: Numeric value of quantity					
		Industry: <i>Procedure Count</i>					

TOO Tooth Information

Loop: 2400

Elements: 3

User Option (Usage): Used

To identify a tooth by number and, if applicable, one or more tooth surfaces

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide. NOTE: If more than one tooth number is submitted per line, only the first tooth number will be used in claim processing. The other tooth numbers will be stored, but not used. Additionally, as the 835 Remittance Advice does not contain the tooth number, the submitter will be able to determine the adjudicated tooth number by matching the line number reported on the Remittance Advice to the line item control number of the submitted 837D claim.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TOO01	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	C	ID	1/3	Required
		Code Name JP National Standard Tooth Numbering System				
TOO02	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Tooth Code</i> ExternalCodeList Name: 135 Description: American Dental Association Codes	C	AN	1/30	Used
TOO03	C005	Tooth Surface Description: To identify one or more tooth surface codes	O	Comp		Used
	1369	Tooth Surface Code Description: Code identifying the area of the tooth that was treated All valid standard codes are used.	M	ID	1/2	Required
	1369	Tooth Surface Code Description: Code identifying the area of the tooth that was treated All valid standard codes are used.	O	ID	1/2	Used
	1369	Tooth Surface Code Description: Code identifying the area of the tooth that was treated All valid standard codes are used.	O	ID	1/2	Used
	1369	Tooth Surface Code Description: Code identifying the area of the tooth that was treated All valid standard codes are used.	O	ID	1/2	Used
	1369	Tooth Surface Code Description: Code identifying the area of the tooth that was treated All valid standard codes are used.	O	ID	1/2	Used

DTP Date - Service

Loop: 2400

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>472</td><td>Service</td></tr></table>	<u>Code</u>	<u>Name</u>	472	Service	M	ID	3/3	Required
<u>Code</u>	<u>Name</u>									
472	Service									
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Service Date</i>	M	AN	1/35	Required				

DTP Date - Prior Placement

Loop: 2400

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>441</td><td>Prior Placement</td></tr></table>	<u>Code</u>	<u>Name</u>	441	Prior Placement	M	ID	3/3	Required
<u>Code</u>	<u>Name</u>									
441	Prior Placement									
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Prior Placement Date</i>	M	AN	1/35	Required				

DTP Date - Appliance Placement

Loop: 2400

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required				
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>452</td><td>Appliance Placement</td></tr></table>	<u>Code</u>	<u>Name</u>	452	Appliance Placement				
<u>Code</u>	<u>Name</u>									
452	Appliance Placement									
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Orthodontic Banding Date</i>	M	AN	1/35	Required				

REF**Line Item Control Number**

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:*Required by NE Medicaid.***Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name 6R Provider Control Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Line Item Control Number</i>	C	AN	1/30	Required

NTE**Line Note****Loop: 2400****Elements: 2****User Option (Usage):** Used

To transmit information in a free-form format, if necessary, for comment or special instruction

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide. When using NOC, NOS or miscellaneous codes in Loop 2400, SV3, submit a description of the service here.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NTE01	363	Note Reference Code Description: Code identifying the functional area or purpose for which the note applies	O	ID	3/3	Required
		Code Name ADD Additional Information				
NTE02	352	Description Description: A free-form description to clarify the related data elements and their content Industry: <i>Claim Note Text</i>	M	AN	1/80	Required

SVD Line Adjudication Information

Loop: 2430

Elements: 5

User Option (Usage): Used

To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SVD01	67	Identification Code Description: Code identifying a party or other code Industry: <i>Other Payer Primary Identifier</i>	M	AN	2/80	Required
SVD02	782	Monetary Amount Description: Monetary amount Industry: <i>Service Line Paid Amount</i>	M	R	1/18	Required
SVD03	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers	O	Comp		Required
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: <i>Product or Service ID Qualifier</i>	M	ID	2/2	Required
		Code Name AD American Dental Association Codes				
	234	Product/Service ID Description: Identifying number for a product or service Industry: <i>Procedure Code</i> ExternalCodeList Name: 135 Description: American Dental Association Codes	M	AN	1/48	Required
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Not used
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Not used
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Not used
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Not used
	352	Description Description: A free-form description to clarify the related data elements and their content Industry: <i>Procedure Code Description</i>	O	AN	1/80	Used

SVD05	380	Quantity Description: Numeric value of quantity Industry: <i>Paid Service Unit Count</i>	O	R	1/15	Required
SVD06	554	Assigned Number Description: Number assigned for differentiation within a transaction set Industry: <i>Bundled or Unbundled Line Number</i>	O	N0	1/6	Used

CAS Service Adjustment

Loop: 2430

Elements: 19

User Option (Usage): Used

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage												
CAS01	1033	Claim Adjustment Group Code Description: Code identifying the general category of payment adjustment <table><tr><th>Code</th><th>Name</th></tr><tr><td>CO</td><td>Contractual Obligations</td></tr><tr><td>CR</td><td>Correction and Reversals</td></tr><tr><td>OA</td><td>Other adjustments</td></tr><tr><td>PI</td><td>Payor Initiated Reductions</td></tr><tr><td>PR</td><td>Patient Responsibility</td></tr></table>	Code	Name	CO	Contractual Obligations	CR	Correction and Reversals	OA	Other adjustments	PI	Payor Initiated Reductions	PR	Patient Responsibility	M	ID	1/2	Required
Code	Name																	
CO	Contractual Obligations																	
CR	Correction and Reversals																	
OA	Other adjustments																	
PI	Payor Initiated Reductions																	
PR	Patient Responsibility																	
CAS02	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: <i>Adjustment Reason Code</i> ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code	M	ID	1/5	Required												
CAS03	782	Monetary Amount Description: Monetary amount Industry: <i>Adjustment Amount</i>	M	R	1/18	Required												
CAS04	380	Quantity Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i>	O	R	1/15	Used												
CAS05	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: <i>Adjustment Reason Code</i> ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Used												
CAS06	782	Monetary Amount Description: Monetary amount Industry: <i>Adjustment Amount</i>	C	R	1/18	Used												
CAS07	380	Quantity Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i>	C	R	1/15	Used												
CAS08	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: <i>Adjustment Reason Code</i> ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Used												

CAS09	782	Monetary Amount Description: Monetary amount Industry: <i>Adjustment Amount</i>	C	R	1/18	Used
CAS10	380	Quantity Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i>	C	R	1/15	Used
CAS11	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: <i>Adjustment Reason Code</i> <u>ExternalCodeList</u> Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Used
CAS12	782	Monetary Amount Description: Monetary amount Industry: <i>Adjustment Amount</i>	C	R	1/18	Used
CAS13	380	Quantity Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i>	C	R	1/15	Used
CAS14	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: <i>Adjustment Reason Code</i> <u>ExternalCodeList</u> Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Used
CAS15	782	Monetary Amount Description: Monetary amount Industry: <i>Adjustment Amount</i>	C	R	1/18	Used
CAS16	380	Quantity Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i>	C	R	1/15	Used
CAS17	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: <i>Adjustment Reason Code</i> <u>ExternalCodeList</u> Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Used
CAS18	782	Monetary Amount Description: Monetary amount Industry: <i>Adjustment Amount</i>	C	R	1/18	Used
CAS19	380	Quantity Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i>	C	R	1/15	Used

DTP Line Adjudication Date

Loop: 2430

Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>573</td><td>Date Claim Paid</td></tr></table>	<u>Code</u>	<u>Name</u>	573	Date Claim Paid	M	ID	3/3	Required
<u>Code</u>	<u>Name</u>									
573	Date Claim Paid									
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Adjudication or Payment Date</i>	M	AN	1/35	Required				

SE**Transaction Set Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: <i>Transaction Segment Count</i>	M	N0	1/10	Required
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

GE**Functional Group Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	N0	1/9	Required

IEA**Interchange Control Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	Interchange Control Number Description: A control number assigned by the interchange sender	M	N0	9/9	Required